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| --- | --- | --- | --- | --- | --- | --- |
| First Name | | |  | | | |
| Last Name  (at time of employment) | | |  | | | |
| S.I.N |  | | | York Employee ID  (if known) | |  |
| Former Address: | | | | | Current Address: | |
| **Current Tel #**  Daytime Evening Cell | | | | | | |
| Email Address: | |  | | | | |
| Period(s) of Time Worked  Name all period(s) or provide approximate dates | |  | | | | |
| Department(s) in which work was performed  Type of Work performed  (brief description) | |  | | | | |
| Signature: | |  | | | | |
| Date: | |  | | | | |

**Pay Equity Adjustment Request Form – CONFIDENTIAL when complete**

Please return by mail to: York University Human Resources

Attn: Pay Equity Coordinator

Kinsmen Building

8 The Chimneystack Road

York University

4700 Keele Street

Toronto, ON M3J 1P3 **OR**

e-mail to: [yusa2payequity@yorku.ca](mailto:yusa2payequity@yorku.ca)